MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	10	3 1	6 1	3
1	U	U	0	6,0

1. PLACE OF DEATH		940
Village or City Chister	teure (16	Registration Dist. No St., Ward f death 'occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Washing (a) Residence: No. Suesing	death occurred vis mos Thoman Brans Than Man fond (Usua place of a bode)	ds. How long in U.S. if of foreign birth?yrsmosds. If U. S. Veteran, specify WAR St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE W.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Leplember 12, 1937 (Month) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Ama	Bramble	22. I HEREBY CERTIFY. Thet I attended decessed from 19
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data decessad last worked at this occupation (month and year) 12. BIRTHPLACE (city or town)	Deys If LESS than 1 dey, hrs. or min. Farm. 11. Totel time (yeers) spent in this occupation layer. Mand Ind.	I lest saw halive on, 19; deeth is seld to have occurred on the date stated above, atm. Tha PRINCIPAL CAUSE OF DEATH end related ceusas of importance were as follows: Date of onset Other Contributory Causes of Importance:
I3. NAME Chrond A: LE 14. BIRTHPLACE (city or town) (Steta or country)	manble	Name of operation Dete of
15. MAIDEN NAME Fanns 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT Man Malyn (Address)	Stant. Brantle	23. If death was due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicido?
18. BURIAL, CREMATION, ON REMOVAL Place Line Line	Date Ilm Sylle 1937	Manner of injury
19. UNDERTAKER MANY LANGUAGE (Address) 20. FILED September 1937 US	William and The State of Registran.	24. Was disease or injury in any way reletad to occupetion of deceesad? If so, specify (Signed) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I		Example II	
The principal cause of of importance were as for Arteriosclerosis	death and related causes ollows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephrit	is;	1921	Run over by street car	1 week ago
Cercbral hemorrhage	OCT 2 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU V.			
Other contributory caus	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				- 1

ADDITIONAL SPACE	FOR FURTHER S	TATEMENTS BI	FHISICIAN	

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

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STATE OF MARYI AND-CERTIFICATE OF DEATH

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1	U	U	U	4

1. PLACE OF DEATH		72-20	
County Henry Cv.,		Registration Dist. No. 20	8
Village or City millive		No. St.	Ward
	ath occurred 32 yrsmos	f death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?	number) mosds.
2. FULL NAME Thomas	a. Conner	If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward.	od State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	d Diac
	5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sent. 27	102 7
male. Thate	Millower	(Modith) (Oay)	(Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	ch Comer	22. Tab. (0- 193) to Sall 72-	d deceased from
6. DATE OF BIRTH (month, day, and year)	unch 19, 1838	0.14	; death is said
7. AGE Yaars Months	Days If LESS than	to have occurred on the data stated above, at 5.43 Pm	
79. 6	8 1 day,hrs. ormin,	The PRINCIPAL CAUSE OF DEATH and ralated causas of importanca wera as follows:	Date of onset
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Farmer.	history Star	1937
9. Industry or business in which	# # # # # # # # # # # # # # # # # # #		
work was done, as SILK MILL, SAW MILL, BANK, etc.	1	acute Prinary Hilstoline	ludden
1D. Date deceased last worked at this occupation (month and 3 7.	11. Total time (years) spent in this coccupation	from pred oxforation	
R-C	occupation	Other Coutributory Causes of Importance:	
12. BIRTHPLACE (city or town) (Stata or country)	Del.		
1 11 11	Jonnes.		
E	0 2	Name of operation Date of	
14. BIRTHPLACE (city or town) (State or country)	eland.	What test confirmed diagnosis? Was there as	
# 15. MAIDEN NAME Julie 2	uim.	23. If daath was due to external causes (VIDLENCE) fill in also the following	
16. BIRTHPLACE (city or town)	0	Accident, suicida, or homicide? Date of injury	, 19
E (Stata or country)	secures.	Whera did injury occur? (Specify city or town, county and Si	
17. INFORMANT Thus. G. Con (Address) millingle	mer fil.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F	LACE.
18. BURIAL, CREMATION, OR REMOVAL	Date Oct. 1st 1937	Manner of injury	
19. UNOERTAKER July (1. J. (Addrass)	fings.	24. Was disease or injury in any way ralated to occupation of deceased?	h
20. FILED 9/30 ,1937	M. Pries Lafortin Registrar.	(Signad) Munt Plane (Addrass) Juleburgh	M.D.
If more be	lanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	4

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Juli 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN

PHYSICIANS should state Exact statement of OCCUPA-SCORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. N. B. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING

V. S. No. 1

TION is very important. See instructions on back of certificate.

1.	I. PLACE OF			F MAR	YLAND-	CERTIFICATE OF DEATH	05
	County K					Registration Dist. No. 200	
			ar Milli	ngton. Md		No. St,	Ward
					(11)	death occurred in a hospital or institution, give its NAME instead of street and nunds. How long in U.S. if of foreign birth?yrsmos	nber)
	2. FULL NAM		Lizzie				
	(a) Residence	ce: No	Bland	s, Delaw	(e) Teleofe)	St., Ward. If nonresident give city or town and Ste	ate
		AL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	sex emale		ol.	5. SINGLE, MAR OR DIVORCE IMA T'T10	RIED, WIDOWED, D. (write the word)	21. DATE OF DEATH Sept. 26 (Month) (Day)	93. 7 (Year)
5a.	HUSBAND of (or) WIFE of	ad, or divo	rcad Gabe Gil	obs		22. HEREBY CERTIFY, That I attanded dec Sudden death 19 , to	aased from
6.	DATE OF BIRTH (month, day	and year) Ma	av 8. 188	3	I last saw h aliva on	leath is said
-	AGE Year		Months	Days	If LESS than	to have occurred on the data stated above, at _2_Pm.	
_	54	-	4	2	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance ware as follows:	Date of onset
OCGUPATION	9. Industry or b work was SAW MILL	done, as S L, BANK, a	which ILK MILL, tc	Housework			937
12.	BIRTHPLACE (city	y or town).	Hartle			Other Coutributory Causes of importance: Shock	
ER	13. NAME M1	ullia	Stevens				
FATHER	14. BIRTHPLACE (Stata or		wn) Hari	tley,Del.		Nama of operation Data of What tast confirmed diagnosis? Was there an auto	
ER	15. MAIDEN NAN	/E	Sarah Jo	hnson		23. If daath was dua to axternal causas (VIDL ENCE) fill In also tha following:	psyr
MOTHER	16. BIRTHPLACE (State or		Mn) Hartl	ley, Del. aware		Accidant, suicide, or homicida? accident Data of Injury Sept.	
17. INFORMANT Theodore Gibbs (son) (Addrass) Magnolia Delaware			s (son)		Whara did injury occur?		
18.	BURIAL, CREMATI	on, or R	EMOVAL Del.	Data Sept.	28 , 19 37	Manner of Injury automobile accident Natura of Injury	
19.	UNDERTAKER (Addrass)	Joh M	n A. Tol: illington	in & Son		24. Was disaase or injury in any way ralated to occupation of decaased?	
20.	FILED 9/27	, 1	937 A	A. Brice Deput	y Registrar.	(Signad) Trans	nom.v.

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		8 1937	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

(92-0)
Registration Dist. No. 200
No. St., Wa (If death occurred in a hospital or institution, give its NAME instead of street and number)
mosds. How long in U.S. if of foreign birth?yrsmos
1 Hewitt
. St., Ward.
e) If nonresident give city or town and State ARS MEDICAL CERTIFICATE OF DEATH
WIDOWED, 21. DATE OF DEATH
the word) (Month) (Day) (Gear)
(month) (bay) (16a1)
22. I HEREBY CERTIFY, That I attended daceasad fr
1 last saw he aliva on Self 13 , 1922; death is s
LESS than to have occurred on the date stated above, at 4 m.
y,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of one
mital Sterrain
ers) s
Other Contributory Causes of Importance:
Juliana Goilas
-
Neme of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (VIDLENCE) fill In elso the following:
Accident, suicide, or homicide?
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
/ 6 Manner of Injury
Natura of injury
24. Was disease or Injury in any way related to occupation of deceased?
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t de la

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Tausiones	May 1,1923	Gastroenteritis	1 year

IN
1

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10007
1. PLACE OF DEATH	
County / Cent	Registration Dist. No. 202
Village or City	NoSt.,Ward
(III	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME W. Trank Jone	U,
(a) Residence: No. Washington	Rust Ward.
(Usual place it gode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. MARRIED, MARRIED, (write the word)	21. DATE OF DEATH
M. W. manie	(Month) (Day) (Year)
5a. If married, HUSBAND of A	
Eva Hubrek Janell	22. HEREBY CERTIFY. That I attended deceased from
04. 6,1070	Less 2 35
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
50 11 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
5-9 4 2 10d,min.	were and lows:
8. Trade, profession, or particular kind of work done, as SPINNER, Land Gurrer SAWYER, BOOKKEPER, etc.	
9. Industry or business in which	a state of the sta
work was done, as SILK MILL, SAW MILL, BANK, etc.	-/cur
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	04 0 4 0
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) manufact	
13. NAME LIME E Janell	0 - 1
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation tex ploratory many pale of 6-18-37
(State or country)	What test confirmed diagnosis? above Was there an autopsy?
15. MAIDEN NAME MANAGE E Colone to	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Margnet E. Clement 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury 19
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
Eva Stral - K Varage 00	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	and the second of the second o
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Piece Chester Cemelery Date 1/ 1937	Nature of injury
Q. O. A. A. VI: 01-	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
0/14 27 16 7 1/4	(Signed) I I I M. Ders M. D.
20. FILED 7. T., 19.3 Registrar.	(Address) Chusten town
Acgustus.	

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E	xample I	i	Example II	
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DECEIV	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT 2 193	7 July 5, 1927	Peritonitis	3 days ago
	PUREAU V.	. 5. 11		0.000
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

should state

PHYSICIANS

Exact statement of OCCUPA-

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

TATE	OF	MADVI	ANID	CEDTI	CICA	TE	OF	DEAT	П
SIAIL	OF	MARYL	AND-	-CERII	FICA	IL	UF	DEAL	П

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	11	1.5	17	11
-6	1	11	17	,

1. PLACE OF DEATH	213-2
County Legal	Registration Dist. No. 3.03
Village or City Rock Have	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
In the o	
2. FULL NAME Caygoe. 7. Jayn	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Mall white OR DIVORCED (write the word)	Month) (Dey) (Year)
5a. If married, widowad, or divorced	(Month) (Dey) (1881)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from
0,	, 19, to, 19,
6. DATE OF BIRTH (month, day, end year)	I last saw h; death is said
7. AGE Years Months Deys If LESS than 1 day,hrs,	to have occurred on the date stated ebove, etm.
19 0 /3 ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profession, or particular	Ly2+25
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Meeshully Deavour 737
d Hindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Mear show we a raw
(1) 10 Data decored last worked at	gur tell soy and
this occupation (month and span 28 spent in this 3 occupation	Mrs. Granes Pros.
(Fresh Hall	Other Cantributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	The I I thebleke contrateons
13. NAME John To Janes	La 8 n 10 year.
E PP W	Neme of operation
14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Transite Planie.	23, If daath was due to external causas (VIOLENCE) fill in elso the following:
H	Accident, suicide, or homicide? Levelses. Date of injury 44 24 , 19-3-1
State or country)	Where did injury occur?
1. h. & Ca	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT ALLE (Address)	
18. BURIAL, CREMATION, OR REMOVAD	Menner of injury
Place Wester Maple Date 28, 1927	Nature of Injury
Marine & Disliance	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER (Address) Classification (Address)	If so, specify
Albor or The Y 2 Wander	(Signed) Smull the hould now
20. FILED Aff. d. f., 19 D. f. LLVK	(Address) Chestestawn my

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Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage OCT 2 193	July 5, 1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SE	PACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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MARGIN RESERVED FOR BINDING

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S A PE	ated E	operly	IION is very important. See instructions on back of certificate.
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STATE OF	MARYLAND-	-CERTIFICATE (OF	DEATH	10010
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1. PLACE OF DEATH	
County Keut	Registration Dist. No. 202
	of Mal Acoc accs's Haspital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. now long in U.S. If of foreign birth?yrsmosds.
2 1 TOLE MAINE	
(a) Residence: No. Roll Hall (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
M. WE B. OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY. That I attended deceased from 1 1 1 2 7 1937, to Sept 2 7 1937
6. DATE OF BIRTH (month, dey, and year) Type 3 1937	I last saw h elive on 17 clov 19 ; death is said
7. AGE Years Months Days If LESS than 1 day,	mara as follows.
9 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	stillborn
9. Industry or business in which work was done, as SILK MILL	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and the control of the control of this programme).	F (frue) months
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) Cherentown	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) West Country (State or country)	
11 13, NAME Barrand Main	
13. NAME Edward Mayor 14. BIRTHPLACE (city or town) Vivginia	
4. BIRTHPLACE (city or town) (State or country)	Name of operation
	Whet test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill In also the following:
	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT he Ther Gertride Major (Address) Cock Hall me	Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place have Rock Hall Date Sefet 25, 193	Neture of injury.
19. UNDERTAKER Edward Major,	
(Address) Recell Hall MC	24. Wes disease or injury in any way related to occupation of deceased? If so, specify Culture G, Rung and
20. FILED Sept W 1937 W.J. Skiek's	(Signed) Rock Hale 1 0 MD
20. FILED Sept 70 , 19.3 / Viels Registrar.	(Address) Keek

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT CORD. Every ifem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	ANENT CORD. Every item of infor-	ACTLY. PHYSICIANS should state	ssified. Exact statement of OCCUPA-	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 10011
1. PLACE OF DEATH /	
County / Lynt	Registration Dist. No. 202
TMIVillage or City April June / Sur	No. St., Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Jungs Shomas Willis	If U. S. Veteran, specify WAR
(a) Residence: No. 16/0 W. Hagh Shorter (Ususi place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sight 25 , 193 7
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of Cor) WIFE of Leley Willis	22. SEREBY CERTIFY, That I altended decessed from
6. OATE OF BIRTH (month, day, and year) . Nrv. 10 1867	I last saw h consolive on Ach 2 24, 1937; death is safe
7. AGE Years Months Oays If LESS then	to have occurred on the date stated above, at 9.40 km.
69 10 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
8 Trade profession or particular	were/as follows: Outeres 4 , Oate of Greet
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate decessed lest worked at this occupation (month end	matatities. win
9. Industry or business In which	Cent to
work wes done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years) spent in this occupation (mogth end year) 12.31 spent in this occupation.	
AS DIRECTOR ACT (All and Asset)	Other Contributory Causes of importance.
(State or country) / Ling. Kning Man land	This death did not involve corebral homor = 21/13
13. NAME M. M. M. III	
I Julian	retage. Institute there days. cutsto
(Stele or country)	Name of operation
15. MAIOEN NAME Many Clay, Branche 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
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M - 1). 00	24. Was disease or injuty in any way related to occupation of deceased?
19. UNDERTAKER SHAMMA A: highlisten	If so, specify
0/27 27 41	(Signed) Day Percet M.O.
20. FILEO	(Address Ales A-42 > // Les

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